

## Recruitment Action Plan

The Recruitment Action Plan is a ready-to-use implementation plan complete with objectives and action steps for recruiting and retaining primary care providers. All you need to do is fill in the person responsible for carrying out each action step (Lead Person) and the date by which the action step should be completed (Deadline). After each action step is the page number in the manual where you can read more about that particular action.

### **Step 1: Assess need for additional providers and determine potential income for new provider.**

Action Step	Lead Person	Deadline
1. Determine provider supply and demand (p.20).		
2. Determine potential income for new provider using the clinic and hospital CPT codes and average charge per CPT (p.30).		

### **Step 2: Gain support among key local stakeholders for the recruitment effort.**

Action Step	Lead Person	Deadline
1. Meet and discuss recruitment needs with medical staff and secure their support for recruitment (p.32).		
2. Meet and discuss recruitment needs with stakeholders and get their support (p.33).		
3. Educate public on the recruitment effort and gain its support to help develop practice before provider is recruited (p.33).		
4. Inform the following organizations about your opportunity for assistance in recruitment, promoting your opportunity or identifying recruitment/retention resources for your community (p. 69,117)		

### **Step 3: Form Recruitment Committee and assign roles. (p. 35)**

Action Step	Name
1. Coordinator	
2. Contact or Point Person	
3. Secretary/Traffic Director	
4. Opportunity Promotion Team	
5. Candidate Interviewers	
6. Spouse Recruiter or Spouse Interviewer(s)	
7. Reference/Credential Reviewers	
8. Quality Assurance Team	
9. Contract Negotiator	
10. Site Visit Hosts	
11. Site Visit Team	

### **Step 4: Develop competitive compensation and benefit package: itemize, and place dollar value on total package.**

Action Step	Lead Person	Deadline
1. Choose types of arrangements available. If income guarantee or salary determine who can afford to provide the financial support (p.42).		
2. Develop benefits package, place dollar amount on monetary-type benefits, list non-monetary perks (p.44).		
3. Seek legal advise to determine if your package complies with state codes and is acceptable to the IRS and Office of the Inspector General, DHHS (p.50).		
4. Develop practice profile (p.40).		
5. Develop community profile (p.45).		
6. Identify barriers to provide recruitment and retention (p.68).		
7. Implement actions to address/minimize barriers.		

**Step 5: Define your “ideal” candidate.**

Action Step	Lead Person	Deadline
1. Develop a composite of the ideal provider candidate for your community and do a “desired characteristic” tally chart or plot on a “most preferred-least preferred” continuum to determine how closely each candidate matches your ideal, and then pursue those who most closely match your ideal. (p.54).		
2. Develop candidate and spouse interview questionnaires, and reference questionnaires that asks specific questions which help you to determine how closely the candidate matches the ideal candidate for your community. For example, if being a team player with the nursing staff is an ideal characteristic for your community, ask the candidate to characterize how he/she interacts with hospital nursing staff (p.82)		

**Step 6: Develop recruitment activity budget.**

Action Step	Lead Person	Deadline
1. Develop recruitment budget (p.64).		

**Step 7: Create a practice opportunity information package and promotional materials.**

Action Step	Lead Person	Deadline
1. Develop classified ads, direct mail letters, and promotional packets that promote the professional and personal aspects of your opportunity and community that you think will appeal to the “ideal” candidate you defined (p.40,69-73)		

### **Step 8: Develop and implement candidate generation strategies.**

Action Step	Lead Person	Deadline
1. Generate a list of possible sources of candidates locally, statewide, regionally and nationally (p.69,117)		
2. Estimate cost of generating candidates through each source by gathering rate cards from journals, estimating postage and mailing list costs for direct mail efforts, estimate costs involved with visiting residency programs and sponsoring meals or sponsoring exhibit at provider conferences, etc. (p.64).		
3. Locate “free sources” of candidates and locations to publicize your opportunity: local word of mouth, local providers, state medical and hospital associations, specialty – or midlevel provider – specific associations or academies, state office of rural health, Public Health Service, state Cooperative Agreements, Area Health Education Centers, residency programs, medical schools, etc. (p.69,117)		

### **Step 9: Develop process for receiving candidate information and quickly following up candidate inquiries.**

Action Step	Lead Person	Deadline
1. Assign a traffic director responsible for receiving candidate information, sending follow-up packet to candidate, and notifying the candidate screening team and sending the team the candidate’s information (p. 37).		
2. Develop a chart for tracking where each candidate lead is in your recruitment process, i.e., first contact, follow-up mailing, initial interview, second interview, spouse interview, reference and credential check, site visit, follow up to site visit, contract negotiation, decision period, close to signing, signed, declined offer, inactive. Make sure that never more than two weeks transpire between phone or in-person contact with the candidate (p.75).		

### **Step 10: Develop interviewing process.**

Action Step	Lead Person	Deadline
1. Form the candidate and spouse interview team ( p.37).		
2. Develop candidate and spouse interview questionnaires that asks questions which help you determine whether the candidate possesses the preferred characteristics possessed by your ideal candidate (p.79).		
3. Conduct mock interviews to test the questionnaire and provide the interviewers with interviewing skills practice (p.80).		
4. Prepare for potential questions asked by the candidates and spouses by answering "Questions Most Commonly Asked by Physicians" (p.81).		

### **Step 11: Develop process for conducting reference and credential checks.**

Action Step	Lead Person	Deadline
1. Form the reference and credential check team (p.38).		
2. Check candidate's credentials (p.84).		
3. Develop a questionnaire for candidate references that asks the references questions which help you learn if, from the references point of view, the candidate possesses the characteristics you defined for your ideal candidate.		
4. Interview candidate spouse (p.87).		
5. Review laws related to reference checking (p.89).		
6. Identify and interview at least an additional two references not provided to you by the candidate.		

### Step 12: Prepare for site visits.

Action Step	Lead Person	Deadline
1. Develop standard site itinerary to be modified to fit interests of each candidate (p.94).		
2. Educate site visit team members about the opportunity.		
3. Rehearse the site visit.		
4. Educate site visit team about each candidate.		
5. Develop draft contract or proposition letter (p.101).		
6. Send candidate and spouse follow-up information packet to site visit (p.105).		

### Step 13: Develop site visit follow-up process.

Action Step	Lead Person	Deadline
1. Contact candidate to confirm acceptance or rejections of offer (p.105).		
2. Develop/implement candidate and spouse integration plan when candidate accepts offer (p.107).		
3. Identify and assess reasons for <b>being</b> rejected when offer is declined by the candidate (p.105).		
4. Adjust recruitment process and practice opportunity to address reasons for rejection (p.106).		

**Step 14: Develop and implement a primary care provider retention plan.**

Action Step	Lead Person	Deadline
1. Create retention committee (p.110).		
2. Meet with new provider on monthly basis to assess integration progress.		
3. Meet with spouse on monthly to assess spouse and families integration progress.		
4. Have quarterly social for medical staff and spouses.		
5. Meet with all primary care providers on quarterly to discuss retention issues and address concerns.		
6. Conduct retention questionnaire with medical staff (p.113).		
7. Work with medical staff to develop long-range medical staff development and retention plan (p.112).		